06753

MARYLAND — **STATE DEPARTMETT OF HEALTH**

6756 **CERTIFICATE OF DEATH** Reg. Dist. No. 202

1. PLACE OF DEATH
COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
LENGTH OF STAY (in this place): 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 208 N. Queen St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
STREET ADDRESS (If rural, give location): 208 N. Queen St.

3. NAME OF DECEASED (Type or Print): (First) Mamie (Middle) Hannah (Last) Beck

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 8-8-71

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Barrett C. Catlin

14. MOTHER'S MAIDEN NAME: Mary Catherine Slaughter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 220-32-1165

17. INFORMANT AND ADDRESS: Mrs. H. Gilpin Brown, Chestertown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X
Immediate cause (a) Ca of lung — Interval between onset and death: 1 year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1955, to 7-1-55, 19..., that I last saw the deceased alive on 7-1-, 1955, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Chestertown, Md. DATE SIGNED: 7-2-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 3, 1955 — NAME OF CEMETERY OR CREMATORY: Chester Cemetery — LOCATION (City, town, or county) (State): Chetertown, Maryland

DATE REC'D BY LOCAL REG.: July 3, 1955 — REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: Marvin V. Williams, Cheetertown, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6757

CERTIFICATE OF DEATH

06754

Reg. Dist. No. 2 02

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 CHESTERTOWN
LENGTH OF STAY (in this place) 26 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 172 KENT & QUEEN ANNE'S HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY KENT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LYNCH X
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) NORMAN (Middle) TILON (Last) BRICE.

4. DATE OF DEATH: (Month) JULY (Day) 23 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Sept 7, 1897

9. AGE last birthday 57 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10B. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: SAMUEL BRICE

14. MOTHER'S MAIDEN NAME: LAURA HICKMAN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 216-09-5201

17. INFORMANT & ADDRESS: HOSPITAL CHART.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

IMMEDIATE CAUSE (A) CARCINOMA OF PROSTATE — INTERVAL BETWEEN ONSET AND DEATH: 6 Mos.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-26, 1955, to 7-23, 1955, that I last saw the deceased alive on 7-23, 1955, and that death occurred at 11:15 PM, from the causes and on the date stated above.

SIGNATURE Arthur J. Keefer, Jr. M.D. ADDRESS CHESTERTOWN, Md DATE SIGNED 7-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF JULY 26, 1955. | NAME OF CEMETERY OR CREMATORY STILL POND CEMTY | LOCATION (City, town, or county) STILL POND, (State) MD.

DATE REC'D BY LOCAL REGISTRAR July 24-1955 | REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR B.R. Fellows ADDRESS Still Pond, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06755

6759

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Kent — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chestertown
LENGTH OF STAY (in this place): 37
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne Hosp. 72

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown 37
STREET ADDRESS (If rural give location): High St. 1

3. NAME OF DECEASED (Type or Print): (First) George (Middle) E. (Last) Chaires

4. DATE OF DEATH: (Month) 7/I/55 (Day) (Year) 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Mar. 22, 1875

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Telephone Maintenance

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Chaires

14. MOTHER'S MAIDEN NAME: Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no 3 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-20-5047

17. INFORMANT & ADDRESS: Garret F. Chaires, Chestertown Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x IMMEDIATE CAUSE (A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 9 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) acute Congestive failure — 10 hours

DUE TO (C) Arteriosclerosis — 5 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebrovascular accident — 9 months

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Novemba, 195x, to July ....., 1955, that I last saw the deceased alive on July 1, 1955, and that death occurred at 6:45 PM, from the causes and on the date stated above.

SIGNATURE: Florence Denise Joyce M. D. ADDRESS: Worton, Md DATE SIGNED: 7/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: July 3 1955 — NAME OF CEMETERY OR CREMATORY: Chester Cem. — LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR: July 2-1955 — REGISTRAR'S SIGNATURE: Clara L. Barnes

24. FUNERAL DIRECTOR — ADDRESS: J. Willis Wells - Chestertown, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06756

6761

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fairlee
LENGTH OF STAY (in this place) I month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 near Chestertown, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
STREET ADDRESS (If rural give location) 37 1

3. NAME OF DECEASED: (Type or Print) (First) Matthew (Middle) Patton (Last) Dickie

4. DATE OF DEATH: (Month) (Day) (Year) July 6, 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: May 10, 1863

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Carpentar

10B. KIND OF BUSINESS OR INDUSTRY: & Contractor

11. BIRTHPLACE (State or foreign country): Nova Scotia, Canada

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Dickie

14. MOTHER'S MAIDEN NAME: Alice Baxter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Donald Dickie Chestertown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1

IMMEDIATE CAUSE (A) Caricoma of left ear — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pharyngitis; bronchopneumonia — one week

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1955, to July 6, 1955, that I last saw the deceased alive on July 6, 1955, and that death occurred at 6:30 PM, from the causes and on the date stated above.

SIGNATURE Willard F. Smith M. D. ADDRESS Rock Hall, Md. DATE SIGNED July 7, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF July 9, 1955 — NAME OF CEMETERY OR CREMATORY Mount Pleasant — LOCATION (City, town, or county) (State) Arlington, Mass

DATE REC'D BY LOCAL REGISTRAR July 7-1955 — REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR ADDRESS J. Willis Wells - Chestertown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06757

6762

CERTIFICATE OF DEATH

Reg. Dist. No. 201

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

9V9499V99V

1. PLACE OF DEATH:
COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL WORTON
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WORTON
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) CHARLES WILLIAM GIBBS

4. DATE OF DEATH: (Month) JULY (Day) 3 (Year) 1955

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify): S

8. DATE OF BIRTH: 9-15-54

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 9 Days 18 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: EUGENE GIBBS

14. MOTHER'S MAIDEN NAME: LAVINIA JACKSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: LAVINIA GIBBS RURAL WORTON, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Unknown — found dead in bed — last seen apparently — INTERVAL BETWEEN ONSET AND DEATH: 4½ hours before

DUE TO

(B) a cardiac or respiratory death, possibly Cardiac Congenital anomaly.

DUE TO

(C) Infant at birth appeared somewhat abnormal, but as it grew, there was no evidence and no apparent illness.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. possibly Heat prostration

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15, 19[illegible], to July 3, 1955, that I last saw the deceased alive on June 15, 1955, and that death occurred at 3:30 PM, from the causes and on the date stated above.

SIGNATURE Florence Delvina Joyce M. D. ADDRESS Worton DATE SIGNED 7/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL DATE THEREOF 7/4/55 NAME OF CEMETERY OR CREMATORY COLEMANS CEMETERY LOCATION (City, town, or county) (State) RURAL WORTON MD.

DATE REC'D BY LOCAL REGISTRAR 7/4/55 REGISTRAR'S SIGNATURE E Kennard Jones

24. FUNERAL DIRECTOR B. R. FELLOWS ADDRESS STILL POND, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06758

6763

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fairlee
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) ERNEST (Middle) LEROY (Last) HERSCH

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH: Aug. 15-1883 | 9. AGE last birthday 71 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10B. KIND OF BUSINESS OR INDUSTRY: Gas & Electric Co. | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John M. Hersch | 14. MOTHER'S MAIDEN NAME: Emily Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Clarence Hersch = Rock Hall

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X
IMMEDIATE CAUSE (A) Carcinomata of Pylorus of Stomach with Cancerous
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Duodenal Ulcer
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Myocarditis

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 19 55, to July 17 1955, that I last saw the deceased alive on July 16, 19 55, and that death occurred at 5:45 A M, from the causes and on the date stated above.
SIGNATURE Norbert C. Hersch M. D. ADDRESS Rock Hall DATE SIGNED 7/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7-20 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR 7/19/55 | REGISTRAR'S SIGNATURE L. Elwood Burgess | 24. FUNERAL DIRECTOR Edgar L. Lane | ADDRESS Church Hill, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06759

CERTIFICATE OF DEATH

6764

Reg. Dist. No. 2-01

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Betterton
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNA. COUNTY DAUPHIN
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HARRISBURG 75X-3
STREET ADDRESS (If rural give location) 6 H HALL MANOR √

3. NAME OF DECEASED: (Type or Print) (First) GLADYS (Middle) IRENE (Last) PETERS

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: FEB. 12, 1918
9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PENNA.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Lillian Bixler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Albert L. Peters 6H Hall Manor Harrisburg Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
IMMEDIATE CAUSE (A) Probable coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10-15 minutes
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Complained of feeling weak while in swimming
(C) Collapsed and was brought ashore by her husband. Breathed only a few minutes thereafter.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Viewed Body

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) A.M. P.M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY occur? held on inspection and

22. I hereby certify that I attended the deceased from July 21, 1955, to ....., 19..., that I last saw the deceased alive on July 21, 1955, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE Albert W. Farr, (Deputy medical examiner) M. D. ADDRESS Chestertown, Kent Co. Md. DATE SIGNED 7-21-55

23. BURIAL, ~~CREMATION~~, REMOVAL (SPECIFY): Burial
DATE THEREOF: July 24, 1955
NAME OF CEMETERY OR CREMATORY: East End Cemetery
LOCATION (City, town, or county) (State): Harrisburg Penna.

DATE REC'D BY LOCAL REGISTRAR: 7/21/55
REGISTRAR'S SIGNATURE: E Bernard Jones
24. FUNERAL DIRECTOR: B. R. Fellows ADDRESS: Still Pond, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

06760

MARYLAND

STATE DEPARTMETT OF HEALTH

6765

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
LENGTH OF STAY (in this place) none
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chesapeake Bay

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Delaware
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newtown Sq 75x-3
STREET ADDRESS (If rural, give location) 3543 Rhoads ave.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) [redacted] (Last) SEIFRIZ
4. DATE OF DEATH (Month) July (Day) 13 (Year) 19[illegible]

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 11 1880
9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dry Plate.
10b. KIND OF BUSINESS OR INDUSTRY: Mfg. Pc.
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul Seifriz
14. MOTHER'S MAIDEN NAME: Anna Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) W.W.I
16. SOCIAL SECURITY NO. 198-26-5981
17. INFORMANT AND ADDRESS: Mrs. Myra Seifriz – 3543 Rhoads ave. Newtown Sq

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Probable drowning.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Said by family physician to have had indications of heart trouble.

(c)

INTERVAL BETWEEN ONSET AND DEATH: none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) H (COUNTY) (STATE)

TIME OF INJURY (Month) July (Day) 13 (Year) 1955 (Hour) —m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Drowned in Chesapeake Bay off Kent Island, Md

22. I hereby certify that I ~~attended~~ viewed the deceased from 7/16, 1955, to ——— 19—, and that ~~I last saw~~ the deceased was alive on 7-13, 1955, and that death occurred at ——— m., from the causes and on the date stated above.

SIGNATURE R. Stark W. Davis (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 7-16-55

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE: July 18, 1955
NAME OF CEMETERY OR CREMATORY: Johnston Crematory Inc.
LOCATION (City, town, or county) (State): Wilmington Del.

DATE REC'D BY LOCAL REG. 7/18/55
REGISTRAR'S SIGNATURE: D. Elwood Burgess

24. FUNERAL DIRECTOR: Marvin V. Wallace ADDRESS: Chestertown, Md.

MARGIN RESERVED FOR BINDING

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6766 06761

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Worton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN near - Still Pond
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Frances (Middle) (Last) Trinks
4. DATE OF DEATH: (Month) (Day) (Year) July 21, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	single	Oct. 1, 1943	11 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
school girl		Chestertown, Md.	USA

13. FATHER'S NAME: Edwin Trinks
14. MOTHER'S MAIDEN NAME: Hilda Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
no	no	Mrs. Hilda Trinks Worton, Md. R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

925.0
Immediate cause (a) Choked to death, Strangulation — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY	21c. (City or town)	(County)	(State)
	Home	Worton	Kent	Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
7 21 55 1:15 P.M.		Was climbing in window, which fell & caught head and arms inside

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert W. Farr M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7/22/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 24 1955	Chester Cem.	Chestertown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 23-1955	Clara L. Barnes.	J. Willis Wells - Chestertown,	Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

6759 06762

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 68 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 223 Washington Avenue

3. NAME OF DECEASED: (Type or Print) (First) Rebecca (Middle) Eliason (Last) Vickers

4. DATE OF DEATH (Month) July (Day) 7 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov. 15, 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Kent Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: (late) Wilbur Eliason

14. MOTHER'S MAIDEN NAME: (late) Mary Comegys Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Harrison W. Vickers III, Chestertown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

970.2
Immediate cause (a) Probable Barbiturate Poisoning — DUE TO — Interval Between Onset and Death: 24-36 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY home

21c. (City or town) Chestertown (County) Kent (State) Maryland

21d. TIME OF INJURY (Month) 7 (Day) 6 (Year) 55 (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Self administered

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert W. Farr M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7/8/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF July 9, 1955
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REG. July 9-1955
REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR Marvin V. Williams, Chestertown, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06763

6767

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Worton
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near - Worton X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (First) George (Middle) W. (Last) Watts
4. DATE OF DEATH: (Month) 7/26/55 (Day) (Year) 19

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Nov. 21, 1877
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George H. Watts
14. MOTHER'S MAIDEN NAME: Mary Jewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) 4
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Mrs. Merritt Fogwell Worton, Md. RFD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 334X (A) Stroke — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Parotitis - right — 6 days

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/13, 1955 to 7/26, 1955 that I last saw the deceased alive on 7/26, 1955, and that death occurred at 7:30a.m. from the causes and on the date stated above.

SIGNATURE Robert W. Farr M.D. ADDRESS Chestertown, Md. DATE SIGNED 7-26-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: July 29, 1955
NAME OF CEMETERY OR CREMATORY: Chester Cemetery
LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR: July 26-1955
REGISTRAR'S SIGNATURE: Clara L. Barnes
24. FUNERAL DIRECTOR: J. Willis Wells - ADDRESS Chestertown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS. A15 — 10-53

06764

MARYLAND — **STATE DEPARTMETT OF HEALTH**

6769

CERTIFICATE OF DEATH

Reg. Dist. No. 2202

1. PLACE OF DEATH — COUNTY: Kent. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): 24 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne Comm Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall — X
STREET ADDRESS (If rural, give location): Skinners Neck. — 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sandra	Lonnie	Wickes	July	9	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	Col	Single	June 15. 1955	— yrs.		24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	Infant	Kent Co. Md.	U.S.A.

13. FATHER'S NAME: Jimmie Nelson Wickes.
14. MOTHER'S MAIDEN NAME: Mary Lonnie Sivis. - Skinners Neck.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.	None	Mary Lonnie Sivis - Rock Hall. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
771.5 Immediate cause	(a)	Gastro-intestinal hemorrhage	24 hours
Antecedent cause(s)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Prematurity (7 month baby)	24 days
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 15, 1955, to July 9, 1955, that I last saw the deceased alive on July 8, 1955 and that death occurred at 3.7 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard F. Smith MD — ADDRESS: Rock Hall, Md — DATE SIGNED: July 9, 55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 10, 1955	Shrewsbury Cemetery	Rock Hall, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 10-1955	Clara L. Barnes.	Mamie V. Willis.	Chestertown Md.

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MARGIN RESERVED FOR BINDING